omplete and send this form, together with applicable fee(s), to: Mail

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(703) 746-4000 or Fax

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11/09/2004

Kevin S Lemack Nields & Lemack 176 East Main Street Westboro, MA 01581 01/19/2005 CNGUYEN1 00000075 09890135

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Kevin S. Lemack (Depositor's name) Januarv 12. 2005

APPLICATION NO.	FILING DATE	FIRST NAM	MED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
09/890,135	11/05/2001	Vict	or Carnell	CA33-002	5948
TITLE OF INVENTION: O	RAL HYGIENE PREPARA	TIONS; ASSOCIATED ME	THODS AND KIT		֥
APPLN. TYPE	SMALL ENTITY	ISSUE FEE	PUBLICATION FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	YES	\$685	\$0	\$685	02/09/2005
EXAM	INER	ART UNIT	CLASS-SUBCLASS		
					

424-049000 GITOMER, RALPH J 1651 1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363). 2. For printing on the patent front page, list Nields & Lemack (1) the names of up to 3 registered patent attorneys or agents OR, alternatively, Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached. (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed. "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required.

3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

PLEASE NOTE: Unless an assignce is identified below, no assignce data will appear on the patent. If an assignce is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE

(B) RESIDENCE: (CITY and STATE OR COUNTRY)

`,	
Please check the appropriate assignce category or categories (will not be	printed on the patent):
	4b. Payment of Fee(s):
Issue Fee	A check in the amount of the fee(s) is enclosed.
Publication Fee (No small entity discount permitted)	Payment by credit card. Form PTO-2038 is attached.
Advance Order - # of Copies	The Director is hereby authorized by charge the required fee(s), or credit any overpayment, to Deposit Account Number $14-0930$ (enclose an extra copy of this form).
5. Change in Entity Status (from status indicated above) a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27.	☐ b. Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27(g)(2).
The Director of the USPTO is requested to apply the Issue Fee and Public NOTE: The Issue Fee and Publication Fee (if required) will not be accept interest as shown by the records of the United States Patent and Tradema	cation Fee (if any) or to re-apply any previously paid issue fee to the application identified above. ted from anyone other than the applicant; a registered attorney or agent; or the assignee or other party in rk Office.
Authorized Signature	Date January 12, 2005
Typed or printed name Kevin S. Lemack	Registration No. 32,579

This collection of information is required by 37 CFR 1.311. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, Virginia 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, Virginia 22313-1450.

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U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE ection of information unless it displays a valid OMB control number. Paperwork Reduction Act of 1995, no persons are required to respond to a Application Number 09/890,135 TRANSMITTAL Filing Date November 5, 2001 First Named Inventor **FORM** Victor Carnell **Art Unit** 1651 **Examiner Name** Gitomer, Ralph J. (to be used for all correspondence after initial filing)

Total Nur	mber of Pages in This Submission	5 Attorney Docket Number CA-33-002	
	······································	ENCLOSURES (Check all that apply)	
Fee	e Transmittal Form Fee Attached	Drawing(s) Licensing-related Papers	After Allowance Communication to TC Appeal Communication to Board of Appeals and Interferences
Extended Certain Doctors Rep	endment/Reply After Final Affidavits/declaration(s) ension of Time Request press Abandonment R	Petition Petition to Convert to a Provisional Application Power of Attorney, Revocation Change of Correspondence Address Terminal Disclaimer Request for Refund CD, Number of CD(s) Landscape Table on CD Remarks	Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) Proprietary Information Status Letter Other Enclosure(s) (please Identify below): -Issue Fee Transmittal Letter -Part B - Fee Transmittal Form
	SIGNA	TURE OF APPLICANT, ATTORNEY, O	R AGENT
Firm Name	Nields & Lemack		
Signature	Me		
Printed nam	Ne Kevin S. Lemack		
Date	January 12, 2005	Reg. No.	32,579
	C	ERTIFICATE OF TRANSMISSION/MAIL	ING
sufficient po the date sho	ostage as first class mail in an er	being facsimile transmitted to the USPTO or deposit nvelope addressed to: Commissioner for Patents, P.	ted with the United States Postal Service with O. Box 1450, Alexandria, VA 22313-1450 on
Signature	216		
Typed or pr	inted name Kevin S. Lemac	k -	Date January 12, 2005

This collection of information is required by 37 CFR 1.5. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.11 and 1.14. This collection is estimated to 2 hours to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.



BOX ISSUE FEE

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re application of

Group Art Unit: 1651

Victor Carnell

Examiner: Gitomer, Ralph J.

Serial No.: 09/890,135

Filed: November 5, 2001

Allowance Date: 11/9/04

Case No: **CA33-002**

Confirmation No: 5948

ORAL HYGIENE PREPARATIONS; ASSOCIATED METHODS AND KIT

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Alexandria, VA 22313-1450

Sir:

For:

LETTER OF TRANSMITTAL

Please accept the attached Issue Fee Transmittal sheet PTOL-85B and a check in the amount of \$730.00 in payment of the issue fee and the advanced order fee for the above application (Small Entity).

Authorization is given to charge any deficiencies or credit any overpayment to Deposit Account No. 14-0930.

Please notify Applicant's attorney if any problems should arise.

I hereby certify that this correspondence is being deposited with the United States Postal Service as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on January 12, 2005.

Kevin S. Lemack

Attorney for Applicants Registration No. 32,579

Respectfully submitted,

Nields & Lemack

176 E. Main Street Westboro, MA 01581

TEL: (508) 898-1818

Signature: Kevin S. Lemack

PTO/SB/17 (12-04) Approved for use through 07/31/2006. OMB 0651-0032 U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE persons are required to respond to a collection of information unless it displays a valid OMB control number Complete if Known tive on 12/08/2004. de la mana ropriations Act, 2005 (H.R. 4818). 09/890,135 **Application Number** RANSMIT Filing Date November 5. For FY 2005 Victor Carnell First Named Inventor **Examiner Name** Not yet assigned X Applicant claims small entity status. See 37 CFR 1.27 **Art Unit** 1651 CA33-002 TOTAL AMOUNT OF PAYMENT 730.00 Attorney Docket No. METHOD OF PAYMENT (check all that apply) Money Order Other (please identify): Credit Card None Check Nields & Lemack Deposit Account Deposit Account Number: 14-0930 Deposit Account Name: For the above-identified deposit account, the Director is hereby authorized to: (check all that apply) Charge fee(s) indicated below, except for the filing fee Charge fee(s) indicated below Charge any additional fee(s) or underpayments of fee(s) X Credit any overpayments under 37 CFR 1.16 and 1.17 WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038. **FEE CALCULATION** 1. BASIC FILING, SEARCH, AND EXAMINATION FEES **EXAMINATION FEES SEARCH FEES FILING FEES Small Entity Small Entity Small Entity** Fees Paid (\$) Fee (\$) Fee (\$) Fee (\$) Fee (\$) Fee_(\$) **Application Type** Fee (\$) 200 100 500 250 300 150 Utility 130 65 100 50 200 100 Design 160 80 300 150 200 100 Plant 600 300 250 500 300 150 Reissue n በ 0 0 200 100 Provisional **Small Entity** 2. EXCESS CLAIM FEES Fee (\$) Fee (\$) Fee Description Each claim over 20 or, for Reissues, each claim over 20 and more than in the original patent 25 Each independent claim over 3 or, for Reissues, each independent claim more than in the original patent 200 100 180 360 Multiple dependent claims **Multiple Dependent Claims** Fee Paid (\$) <u>Fee (\$)</u> Extra Claims **Total Claims** Fee Paid (\$) Fee (\$) HP = highest number of total claims paid for, if greater than 20 Fee Paid (\$) Fee (\$) Indep. Claims Extra Claims - 3 or HP = HP = highest number of independent claims paid for, if greater than 3 3. APPLICATION SIZE FEE If the specification and drawings exceed 100 sheets of paper, the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s). Number of each additional 50 or fraction thereof Fee Paid (\$) Extra Sheets ____ (round **up** to a whole number) x / 50 = Fees Paid (\$) 4. OTHER FEE(S) Non-English Specification, \$130 fee (no small entity discount) \$730.00 Issue Fee and Advanced Order Fee - 10

SUBMITTED BY	100	Registration No. 32,579	Telephone 508-898-1818
Signature Name (Print/Type)	Kevin S. Lemack	(Attorney/Agent)	Date Jan. 12, 2005

This collection of information is required by 37 CFR 1.136. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 30 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450.

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